PLACER COUNTY OUTCOMES SCREENING FORM - ADULT

To score, mark the appropriate rating of the individual's **current status** with a pencil or dark pen. Press down firmly.

Client Name:		D.0	O.B.: SS#:				
Screened by:		Division/Office: Dat		e of Screening:			
Current residence:		o Home	o Relative's Home		o F	rien	d's Home
 Supervised Inc 			O Supervised Nursing Faci	lity	о В	oarc	l and Care
Hospital		 Homeless Shelter 					
O Training Progr	ram	o Jail	O Other:				(Place of residence)
		SAFE		(5	4 3	3 2	1)
1.	Not being physica	lly, sexually, or emotio	nally abused by others.	0	0	0 0	0
2.	Not harming self of	or placing self at risk of	injury or illness.	0	0	0 0	0
		HEALTHY	Y	(5	4 3	3 2	1)
3.	Free of disease or		lness medically managed.	0	0	0 0	0
4.		nd experiencing positive		0	0	0 0	0
5.		s or alcohol (if a proble		0	0	0 0	0
		safe sexual practices.	,	0	0	0 0	0
			and emotional well-being.	0	0 (0 0	0
	АТ НОМЕ/І	N MOST HOME-L	IKE ENVIRONMENT	(5	4 3	3 2	1)
8.		table and supportive en				0 0	
	•		ns at current residence.			0 0	
			helter and other necessities.	0	0 (0 0	0
		IN SCHOOL	'AT	(5	4 3	3 2	1)
	WORK	/CONTRIBUTING/I		,			•
11.		ng school/work/training		0	0	0 0	0
12.		equate to arrive on time		0	0	0 0	0
		nce at school/work/train		0	0	0 0	0
14.		and maintain positive po		0	0	0 0	0
		OUT OF TROU	UBLE	(5	4 3	3 2	1)
15.	Obeying all laws.		_	0	0	0 0	0
16.		ontrolled, positive, non-	violent behavior.	0	0	0 0	0
		the criminal justice sys		0	0 (0 0	0
	FIN	ANCIALLY SELF-	SUFFICIENT	(5	4 3	3 2	1)
18.			nt with benefit requirements.	0	0 (0 0	0
19.		tances not adversely im		0	0	0 0	0
20.		pporting self and/or fam		0	0 (0 0	0

SCREENING RATING KEY

The indicator statement currently is true for this individual and he or she is:

- 5 self-sufficient in sustaining the indicator and does not require outside assistance.
- 4 participating in outside assistance to sustain the indicator.

The indicator statement currently is not true for this individual and he or she is:

- 3 trying to achieve the indicator, either independently or with outside assistance.
- 2 not participating in assistance to achieve the indicator or not trying to achieve the indicator..

The indicator statement is absolutely not true for this individual and:

1 *immediate* outside assistance is required.

Attempt to rate each indicator.

Placer County Outcomes Screening Form – Adult Instructions and Screening Key

PURPOSE:

The outcome screening form is used to track and monitor the client's progress to ensure that the services provided are meeting the needs of the client and are positively affecting important areas of his/her life.

GENERAL INSTRUCTIONS:

- Use your best professional judgment when completing this form.
- On the key below, "yes" may mean "mostly yes", "no" may mean "mostly no."
- You are encouraged to complete the screening form jointly with the person being screened; you may need to negotiate scores for some items, or record two scores for an indicator, if you and the person cannot agree.
- Attempt to rate each indicator.
- If the status of the indicator is unknown, draw a line through the indicator.

SCREENING KEY:

Participating in outside assistance

		Yes	No				
rrently is true	Yes	participating in outside assistance to sustain the indicator	self-sufficient in sustaining the indicator and does not require outside assistance.				
Indicator statement currently is true	No	trying to achieve the indicator, either independently or with outside assistance.	not participating in assistance to achieve the indicator, or not trying to achieve the indicator.				
		1 immediate outside assistance is required					